

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN379AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2008
NAME OF PROVIDER OR SUPPLIER ST ANTHONY FAMILY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1885 CASTLE WAY RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure conducted in your facility on 10/28/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 151 SS=C	449.204(1)(b) Insurance NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. This Regulation is not met as evidenced by: Based on record review and interview on 10/28/08, the facility could not provide evidence of a contract of insurance for the protection against liability to third persons was maintained.	Y 151		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 151	Continued From page 1 Findings include: A current insurance policy was not available for review at the time of the survey. The administrator stated she thought the policy was current but that she did not have a copy of it in the facility. Severity: 1 Scope: 3	Y 151			
Y 180 SS=C	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08, the facility did not maintain lighting necessary to ensure the comfort and safety of its residents. Findings include: During a facility tour it was observed that there was no lighting in the bathroom next to bedroom #1. Employee # 1 stated that the light switch was working but that she had loosened the light bulbs in the morning. Severity: 1 Scope: 3	Y 180			
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections	Y 207			

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Y 207	Continued From page 2 NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08, the facility failed to have its fire alarm system inspected annually. Findings include: The facility's fire alarm system had an expired inspection tag dated 10/27/07. The system should have been inspected by 10/27/08. This was a repeat deficiency from the 10/24/07 State Licensure survey. Severity: 1 Scope: 3	Y 207		
Y 250 SS=C	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	Y 250		

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Y 250	Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 10/28/08, the facility did not ensure its refrigerator and freezer were maintained in a sanitary manner. Findings include: The refrigerator in the kitchen had food residue on its shelves and the freezer had ice build-up and was in need of defrosting. Severity: 1 Scope: 3	Y 250		
Y 254 SS=C	449.217(5) Storage of Food-No chemicals, detergents NAC 449.217 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. This Regulation is not met as evidenced by: Based on observation on 10/28/08, the facility failed to store food away from toxic substances. Findings include: A tour of the kitchen revealed that jars of food were stored next to cleaning detergents under the sink.	Y 254		

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Y 254	Continued From page 4 Severity: 1 Scope: 3	Y 254			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08, menus had not been posted or kept on file for 90 days, and substitutions had not been recorded. Findings include: The facility did not have a posted weekly menu. An interview with Employee #1 revealed that the facility did not have weekly menus or a record of meals provided for the residents. Employee #1 stated she did not know menus were to be kept on file for 90 days. Severity: 1 Scope: 3	Y 272			
Y 276 SS=C	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and	Y 276			

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Y 276	Continued From page 5 breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08, the facility did not post the times at which meals were served. Findings include: During the tour of the facility it was noted the times at which meals were served had not been posted. The administrator stated she did not know that meal times were supposed to be posted. Severity: 1 Scope: 3	Y 276			
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08,	Y 533			

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Y 533	Continued From page 6 a monthly calendar of activities notifying residents of the major activities occurring in the facility was not posted or kept on file for six months. Findings include: No monthly activity calendar was found to be posted. An interview with Employee #1, the administrator, revealed that activity calendars had not been developed. The administrator stated she did not know that activity calendars were to be developed monthly and kept on file for six months. Severity: 1 Scope: 3	Y 533		
Y 870 SS=A	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review on 10/28/08, the facility	Y 870		

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Y 870	Continued From page 7 did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 5 residents residing in the facility for longer than six months. Findings include: Resident #5 was admitted to the facility on 1/17/08. The last medication profile review available in the record was dated 4/14/08. There was no documentation of a medication profile review in the record for October 2008. Severity: 1 Scope: 1	Y 870		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/28/08, the facility failed to ensure that an ultimate user agreement was obtained for 1 of 5 residents. Findings include: Resident #5 - Date of admission was 1/17/08. The file did not contain a signed ultimate user agreement.	Y 876		

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Y 876	Continued From page 8 Severity: 1 Scope: 1	Y 876		
Y 885 SS=F	<p>449.2742(9) Medication / Destruction</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 10/28/08, the administrator did not discard medications for 4 of 5 discharged residents after they had been discharged from the facility.</p> <p>Findings include:</p> <p>A tour of the facility revealed there was a locked closet near bedroom #1. When the administrator unlocked the closet, bags of medications belonging to four discharged residents were discovered.</p> <p>Resident #7 was discharged on 4/30/08. Medications found: Furosemide, aspirin, Kor-Con</p>	Y 885		

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Y 885	Continued From page 9 M, and a B-12/Folic Acid supplement Resident #8 was discharged on 3/23/07. Medications found: Metoprolol and Zyprexa Resident #9 was discharged in 2002. Medications found: Terazosin, Levoxyl, Lisinopril, and Hydrochlorothiazide Resident #10 was discharged in 2000. Medications found: Metoprolol, Timolomal, and Propine When asked why the medications had been kept, Employee #1, the administrator, stated she thought the residents' family members were planning to collect the medications at a later date. Severity: 2 Scope: 3	Y 885		
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review on 10/28/08, the facility failed to ensure the medication administration records (MAR) was accurate for 1 of 5 residents. Findings include:	Y 896		

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Y 896	Continued From page 10 Resident #1 - Date of admission was 9/17/08. Review of the October 2008 MAR revealed that the resident was prescribed Potassium 20meq to be given twice a day, Famotidine 20mg twice a day, Digoxin 0.125mg once a day, Diltiazem extended release 180mg once every morning. The October 2008 MAR indicated the resident had not received the Potassium on the evening of 10/27/08, the Famotidine on 10/27/08 in the evening and 10/28/08 in the morning, Digoxin on 10/28/08 in the morning, and the Diltiazem on 10/28/08 in the morning. In interview on 10/28/08 at 10:00 AM, Employee #1, the administrator, stated she had given the medications and had forgotten to document it. Severity: 2 Scope: 1	Y 896		
Y 922 SS=A	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 10/28/08, the facility did not label over-the-counter (OTC) medication bottles for 1 of 5 residents. Findings include:	Y 922		

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Y 922	Continued From page 11 Resident #1 - During the medication review, a bottle of Aspirin was observed in the resident's supply. It was not labeled with the resident's name or her physician's name. Severity: 1 Scope: 1	Y 922			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;	Y 936			

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Y 936	Continued From page 12 (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure	Y 936			

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Y 936	Continued From page 13 that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review on 10/28/08, the facility did not ensure that 2 of 5 residents had received the required tuberculosis (TB) skin testing. Findings include: Resident #2 - Date of admission 10/03/08. The resident's file contained documentation the resident completed the first step of the required two-step TB skin test on 9/20/08. The file did not contain evidence the resident received the second step of the two-step skin test. To comply with NAC 441A, the resident needs to complete an additional one-step TB skin test. The additional skin test would be combined with the 9/20/08 skin test and qualify as a two-step TB skin test. Resident #4 - Date of admission 2/26/08. The file contained documentation the resident did not start the required two-step TB skin testing until 4/7/08, four months late. This is a repeat deficiency from the annual State Licensure survey dated 10/24/07. Severity: 2 Scope: 3	Y 936		
Y 940 SS=A	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 940		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 940	Continued From page 14 least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on record review on 10/28/08, the facility did not perform an annual evaluation of a resident's ability to perform the activities of daily living on 1 of 5 residents residing in the facility longer than a year. Findings include: Resident #4- Date of admission was 4/1/07. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2008. Severity: 1 Scope: 1	Y 940			
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph	Y 944			

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Y 944	Continued From page 15 (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review on 10/28/08, the facility did not provide proper documentation regarding a resident who had been discharged. Findings include: Resident #6 - Date of discharge 7/31/08. Review of the record revealed no documentation of the time, or who picked up the resident's belongings. Severity: 1 Scope: 1	Y 944		
YA106 SS=D	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee;	YA106		

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YA106	<p>Continued From page 16</p> <p>(e) Evidence that the references supplied by the employee were checked by the residential facility; and</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1:</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/28/08, the facility did not ensure 1 of 2 caregiver files were complete. Findings include:</p>	YA106		

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YA106	Continued From page 17 Employee #2 - Date of hire was 1/4/08. There was no evidence in the file of a pre-employment physical examination or a current background check. The employee's file indicated a background check had been conducted on 11/27/06; however, she had not worked at the facility from June 2007 to January 2008. The employee had a TB skin test on 4/18/08, but did not complete a second step TB test. There was no evidence in the file of any caregiver training over the past year. Severity: 2 Scope: 1	YA106		
YA853 SS=A	449.274(3)(a-c) Medical Care/Records NAC 449.274 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. the record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) a description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he is transferred to another facility.	YA853		

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YA853	<p>Continued From page 18</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interviews on 10/28/08, the facility did not prepare an incident report after a resident was transported to the hospital for emergency medical treatment.</p> <p>Findings include:</p> <p>Resident #4 - Date of admission was 2/24/08. During interview on 10/28/08, Resident #4 reported that she had been hospitalized for unconsciousness about a month prior to the date of the survey. Review of the record showed no documentation of the event or actions taken by staff to obtain emergency care for the resident. Employee #2 stated that she found the resident unresponsive and called the administrator and the guardian who told her to call "911." Employee #1, the owner and administrator, reported that she had not completed an incident report form after the resident had been transported to a local emergency room on 9/9/08.</p> <p>Severity: 1 Scope: 1</p>	YA853		

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